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8	his form, together w	applicable for	ee(s), to: <u>N</u>	Commission P.O. Box 14	ier for Patents 50	
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APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/634,444 08/05/2003			Luciano Salice		298-203	8288
IITLE OF INVENTION: H	INGE					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	12/22/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS		
MAH, CHUCK Y 3677 016-285000						
CFR 1.363). Change of correspond	e address or indication of "Fo	,	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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Arturo Salice S.p.A. Novedrate (Como), Italy						
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